



**Application for Certification  
Small Business Enterprise (SBE) Program  
Minority Woman Business (MWBE) Program**

**PROCUREMENT DEPARTMENT**

401 Clematis Street  
West Palm Beach, Florida 33401  
Telephone: 561.822.2100  
Fax: 561.822-1564

[Website: www.wpb.org/procurement](http://www.wpb.org/procurement)

**INSTRUCTIONS:** Please complete each item. **Do not leave any spaces blank.** If a question is not applicable to your business, please insert "N/A" in the space provided for your answer. Whenever space is insufficient to answer a question completely, attach additional sheets as necessary; use numbers to identify any answer continued on an additional sheet. An incomplete application will delay the process. **NOTE: All applicants wishing to be considered for recertification as a small business or minority woman business enterprise for the benefits of this program must complete the Certification Disclosure Affidavit and provide copies of the document requested as appropriate for your business. Documents not in English must be accompanied by a certified translation.**



# Application For Recertification

WEST PALM BEACH

Submit Completed Form and Required Support Documents to:

City of West Palm Beach  
Procurement Department  
401 Clematis Street  
West Palm Beach, FL 33401

FOR INTERNAL USE ONLY	
Vendor No. _____	
Entered by _____	Date: _____
Scanned by _____	Date: _____

Certification	
<input type="checkbox"/> Small Business Enterprise (SBE)	
<input type="checkbox"/> Minority Woman Business Enterprise (MWBE)	

**\* Required Field**

Business Name (as shown on your income tax return)*			
DBA (if different than above)			
Federal Tax Identification Number (FEIN): *			
Physical Address (Number & Street) *			
City *	State *	Zip Code*	County
Phone Number *		Fax Number	
Email Address		Web Address:	
Time at Current Address:		Years:	Months:
Phone Number *		Fax Number	
Additional Address			
City *	State *	Zip Code*	County
Phone Number *		Fax Number	
Billing Contact Person		Email	

Attach a detailed explanation, including supporting documentation, noting the section and question number for each "Yes" response to the following questions:

Has your company name changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company contact information changed (address, phone, fax, email and website)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has your company had changes in ownership?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Has there been any change in the nature of the company's business?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been changes in the company assigned Officers, Board of Directors and shareholders?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any profit sharing agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any changes in the company's stock shares?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any stock transfer agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have there been any additional third party agreements?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have your company's bonding status changed?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you exceeded the adjusted gross margin for your business size standard?	<input type="checkbox"/> Yes	<input type="checkbox"/> No

### Required Documents Checklist

Place a check in the space provided. If the item is not applicable to your business, please insert "N/A" in the space provided.

_____	Taxes for last 3 years (SBE)
_____	Copy of Current Occupational License (Current Professional License or trade certificate)
_____	Details specific to your firm's ownership and management (Identify: President, Vice President, Treasurer, etc.)
_____	Notarized Disclosure Affidavit for Certification

**Disclosure Affidavit for Certification**

(Signed by the majority business owner and notarized)

The undersigned does hereby declare that the statements contained in this Disclosure Affidavit and all documents which have been provided in support of this Application for Certification are true, accurate and complete, and include all material information necessary to evidence that the following firm is qualified for certification in accordance with the code of Ordinances:

\_\_\_\_\_  
[Print company's full name]

The undersigned understands and agrees that failure to submit the required documentation and/or to consent to interview(s), audit(s), and/or examination(s) will be grounds for rejection of this Application for certification.

It is recognized and acknowledged that the statements contained in this Application are true and that any material misrepresentation will be grounds for denial of certification or for decertification and may result in not awarding or terminating contracts which were awarded as the result of information contained in this Application. The applicant further understands that false statements or material misrepresentations made may be grounds for initiating action under local, state, or federal laws which deals with fraud and perjury. It is further recognized that whoever makes such false statements or material misrepresentations may be found guilty of a misdemeanor or felony under Chapter 837, F.S.

Furthermore, the undersigned acknowledges that he or she may not fraudulently obtain, retain, attempt to obtain nor aid another in fraudulently obtaining or retaining or attempting to obtain certification; willfully make a false statement, to any official or employee of the City for purpose of influencing the certification of an entity as a Small Business or Minority Woman Business; or willfully obstruct, impede or attempt to obstruct or impede any official or employee who is investigating the qualifications of a business entity which has requested certification.

The undersigned further acknowledges that certification is normally reviewed every three (3) years; however the City retains the right to re-evaluate the contents of the certification of this business at any time.

The undersigned gives permission to any person and or organization contacted by the City, for the purpose of verifying information contained in this Application, to divulge such information either orally or in writing.

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Print Name**

\_\_\_\_\_  
**Title**

\_\_\_\_\_  
**Date**

[If a corporation, please place Corporate Seal in this area]

STATE OF FLORIDA

[PALM BEACH COUNTY] SS:

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_, by \_\_\_\_\_, an individual, who personally appeared before me and who did not take an oath.

Personally Known OR  Produced Identification

Type of Identification Produced: \_\_\_\_\_

(Print, type of stamp name) \_\_\_\_\_

Commission No. \_\_\_\_\_